

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034735

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 324 Primary Registration District No. 6093 Registrar's No. 142

STATE FILE NUMBER

FILED AUG 26 1963

1. PLACE OF DEATH a. COUNTY Saline		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marshall		c. CITY OR TOWN Cardwell	
Length of stay in 1b 47 yrs.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Marshall State School & Hosp., Marshall, Mo.		d. STREET ADDRESS (If outside, give location) --- Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Walter Lee Briggs		4. DATE OF DEATH Month Day Year 8-14-1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-17-1899 64 yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Patient		11. BIRTHPLACE (City and state or country) Dunklin Co., Mo.	
10b. KIND OF BUSINESS OR INDUSTRY ---		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME M. M. Briggs		13b. MOTHER'S MAIDEN NAME Rebecca Chailland	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---	
17. INFORMANT Address Records of Marshall State School and Hosp., Marshall, Mo.		14. NAME OF HUSBAND OR WIFE ---	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute coronary occlusion with complete heart block Coronary arterio-sclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH 4 days	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Mental retardation with functional reaction manifest		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 9-28-1916 to 8-14-63 and last saw him alive on 8-14-63 Death occurred at 8:10 P. on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS Marshall State School & Hosp., Marshall, Mo.	
22a. SIGNATURE (Degree or title) D. B. Ray M.D.		22c. DATE SIGNED 8-15-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-19-1963	23c. NAME OF CEMETERY OR CREMATORY Marshall State School	23d. LOCATION (City, town, or county) (State) Saline County, Missouri
24. FUNERAL DIRECTOR ADDRESS Campbell-Lewis Marshall, Mo.	25. DATE RECD. BY LOCAL REG. 8-17-63	26. REGISTRAR'S SIGNATURE Cecil G. Reed	

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

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Rev. 4/59

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4709

P. O. Address Marshall Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.  
If this body is not embalmed, fact should be so stated above.